



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE:

Individualised conversational therapy (targeting specific client and clinician-set goals), for a person with mild aphasia and their spouse, may lead to increased satisfaction with conversational interactions for both parties, and improved participation in conversation for the person with aphasia. However, participants may not show change in all conversational behaviours being targeted.

Clinical Question [patient/problem, intervention, (comparison), outcome]:

- 1) Which communication partner training methods are effective in facilitating communication activities and participation for people with aphasia?
- 2) Which patients and / or communication partner characteristics lead to better outcomes in communication partner training?

Citation: Fox, Sarah, Armstrong, Elizabeth, Boles, Larry (2009) 'Conversational treatment in mild aphasia: A case study', *Aphasiology*, 23: 7-8, 951-964.

Design/Method: Single-case design study with one dyad (married couple).

- 4 baseline sessions (2 per week)
 - 1) info about study provided & consent obtained
 - 2) semi-structured interview re conversational history
 - 3) WAB administered
 - 4) treatment goals were set based on clinician observations and what couple felt were significant issues (drawn from semi-structured interview)
- 14 x 60 minute treatment sessions (2 per week for 7 weeks)
- 2 follow-up sessions (1 week & 1 month post treatment)
- 10 minute conversations between the couple were videorecorded in the clinic at baseline sessions, as treatment probes and at follow-up. (Couple were left alone in a room and asked to talk about anything of interest).

Outcome measures:

- subjective ratings by the couple regarding conversational parameters they deemed important
- ratings of conversation samples by independent judges on the Measure of skill in Supported Conversation (MSC) and the Measure of Participation in Conversation (MPC) (Kagan et al, 2004)
- independent judgments of whether interactions were pre or post-treatment
- behavioural measures related to specific goals collaboratively set by the couple and the clinician.

Participants:

- Person with aphasia: Female 78 years old. Left CVA 1 year previously. Mild aphasia (WAB aphasia quotient 93.8). Retired office manager in a legal firm. Completed high school. Previous treatment for a stutter (25 years prior) – but not deemed to be a significant factor impacting conversation at the time of the treatment. Had previously completed individual and group therapy (impairment based).
- Communication partner: Male 71 years old. Retired general manager. Completed a university degree.
- Pre-morbidly the couple enjoyed arguments / debates and discussing a range of topics including politics, current affairs and social philosophies. They also both enjoyed humour and both tended to 'dominate' interactions at times.
- Both were described as 'insightful and reflective'; especially the communication partner who was able to analyse and describe differences in communication pre & post stroke in depth.

Experimental Group:**Treatment:**

The couple undertook 14 x 60 minute sessions of conversational therapy based on procedures used by Boles (1998) and Boles and Lewis (2003), which involved the couple having a series of 3-minute conversations on any topic followed by self-reflection and clinician feedback, specifically focussing on the goals, but also including discussion of other issues as they arose (counselling about aspects of conversation). In addition 15 minutes of daily home practice was conducted.

Control Group: N/A

Results:

- Overall improvements were noted in the couple's conversational ratings, reflecting increased satisfaction with conversation. Female with aphasia recorded a mean increase of 2.7. Male partner's scores improved with a mean increase of 1.8. (For 10-point rating scales).
- Both MSC and MPC ratings improved post treatment.
- All independent judges identified pre versus post-treatment interactions.
- Some positive changes were noted on behavioural measures (e.g. person with aphasia initiating more topics). However no clear patterns were observed and some behavioural goals were not achieved (e.g. partner did not reduce interruptions and continued to ask person with aphasia to spell words aloud). Note: sensitivity of these measures was questioned by the authors.

Comments – Strengths/weaknesses of paper

- Weaknesses**
- small design size – single case study
 - no control group
 - independent judges were first-year students (limited experience – only 1hr training on use of scales)
 - conversational ratings from participants were given to treating clinician, creating potential bias (i.e. pressure to convey positive outcomes)
 - MSC and MPC scales were made for patients with moderate-severe aphasia, not mild aphasia
 - initial inter-judge disagreement regarding behaviour definitions
 - limited description of how reflection and clinician feedback was structured in treatment sessions (though reference was made to a prior study that treatment methods were based on)
 - limited description of what home practice included
 - conversational samples were recorded in an unnatural environment (university clinic)
 - limited description of how conversation samples and semi-structured interview were analysed to determine treatment goals (though again, reference was made to a prior study)
- Strengths**
- conversational samples were lengthy (10 minutes) – shown to be adequate in research
 - conversational samples were randomly selected for behavioural ratings
 - inter-rater agreement was high for each component of both MSC and MPC

Level of Evidence (NH&MRC): IV

Appraised By: Adult Language EBP Group

Date: 2011